

APPLICATION FOR REGULAR SERVICE RETIREMENT

FAIRFAX COUNTY UNIFORMED RETIREMENT SYSTEM

10680 MAIN STREET, SUITE 280, FAIRFAX, VA 22030

(703) 279-8200 (800) 333-1633 FAX: (703) 273-3185

INSTRUCTIONS: Type or Print in ink your entries. Complete items 1 through 17 and sign.

1. Last Name		First	Middle	2. Date of Birth	3. Social Security Number
4. Present Address				5. Address to which retirement pay advice and Retirement mailings are to be mailed (<i>if different</i>)	
Home Phone:					
6. Agency and Position				7. Date retirement is to be effective	
8. Date of Employment	9. Has employment been continuous?			10. If no, indicate break(s) in service	
	G Yes G No				
11. Spouse's Name			12. Spouse's Social Security Number		13. Spouse's Birthdate
14. Beneficiary's Name (<i>if not spouse</i>)			15. Beneficiary's Social Security Number		16. Beneficiary's Birthdate
17. I have been informed of the Joint Survivor Options available to me and have elected to take: (<i>You must provide a copy of your marriage license and copies of birth certificates for both yourself and your spouse.</i>)					
G No Option		G 50% Option		G 66b% Option	G 75% Option G 100% Option

Request for Regular Service Retirement:

Under the provisions of the Fairfax County Uniformed Retirement System Ordinance, I hereby apply for Service Retirement.

Date Signature of Member

Agency Head or Supervisor Signature _____ Date _____

RETIREMENT USE ONLY

Retirement Agency Authorization

Date Authorized Signature